

PTO/SB/01 (12/97)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION	Attorney Docket	6827-PC9013	
	First Named Inventor	Eliezer MASLIAH	
	COMPLETE IF KNOWN		
	Application Number	09/806,842	
	Filing Date	October 6, 1999	
	Group Art Unit	Unknown	
<input type="checkbox"/> Declaration Submitted with Initial Filing	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing	Examiner Name	Unknown

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR SCREENING FOR ANTI-AMYLOIDOGENIC PROPERTIES AND METHOD OF TREATMENT OF NEURODEGENERATIVE DISEASE

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 10/06/1999 as United States Application Number or PCT International:

Application Number PCT/US99/23134 and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/103 310	10/06/1999

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Patent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number
NEIL F. MARTIN JOHN L. HALLER JAMES W. MCCLAIN SUSAN B. MEYER	23,088 25,784 24,538 P-48,168		

Direct all correspondence to:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))	Eliezer		Last Name		
Inventor's Signature	Eliezer		MASLIAH		
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Post Office Address					
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Country	USA				
NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
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Inventor's Signature	Masahito		MAKOTO		
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Country	USA				
<input checked="" type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Approved for use through 06/30/95. PTO/SB/07A (3-97)
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
EDWARD		ROCKENSTEIN	
Inventor's Signature	Date 6/7/01		
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City		State	Country Citizenship
Post Office Address			
Post Office Address			
City		State	Zip Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City		State	Country Citizenship
Post Office Address			
Post Office Address			
City		State	Zip Country